

E-QUID: QUESTION / *Gastrointestinal imaging*

Caudal pancreatic tumour in a young patient

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Case report

Ms. K., a 37-year-old patient, consulted the emergency ward for abdominal pain predominantly in the hypochondrium and right iliac fossa. This patient presented a past history of anal sphincter plasty for incontinence following a traumatic childbirth. The clinical examination found a fever at 38.8 °C and diffuse abdominal pain. The lab tests upon admission detected an inflammatory syndrome (leukocytes: 18,000/mm³ and CRP: 150 mg/l) without cytolysis or cholestasis. The urine strip was negative. In view of the intensity of the pain, an abdominal-pelvic CT-scan with injection was carried out (Fig. 1) to search for acute appendicitis or acute cholecystitis. Acute cholecystitis was diagnosed in view of the distension and vesicular parietal thickening. By chance, a tumour of the tip of the cauda pancreatis was discovered and a complementary assessment by MRI was carried out (Fig. 2).

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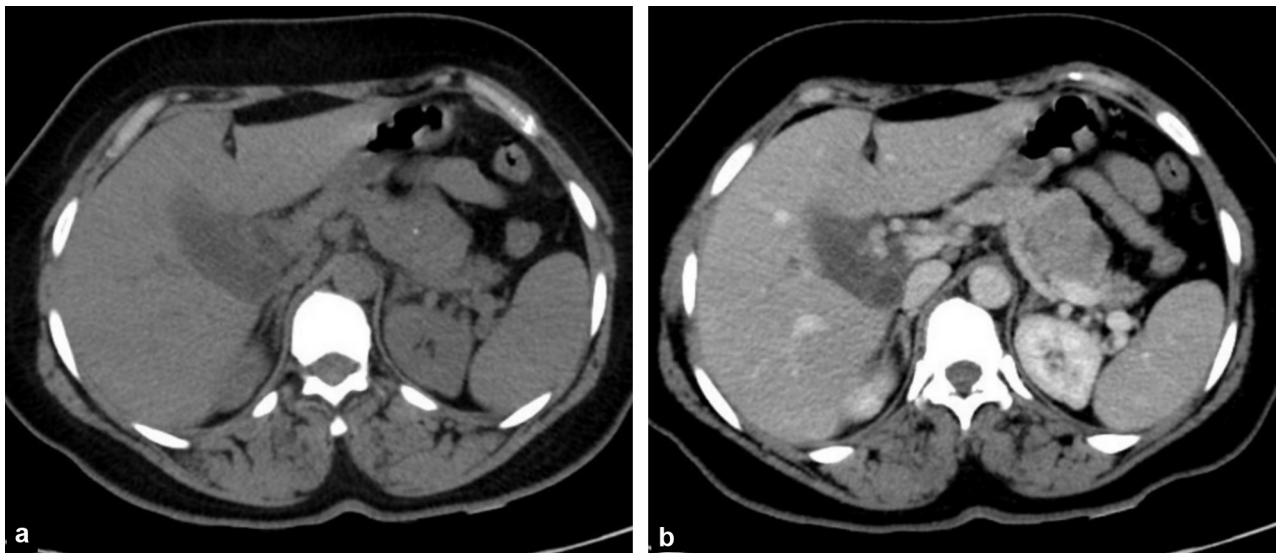


Figure 1. Abdominal-pelvic CT in axial sections: a: axial section in spontaneous contrast; b: axial section injected at portal time.

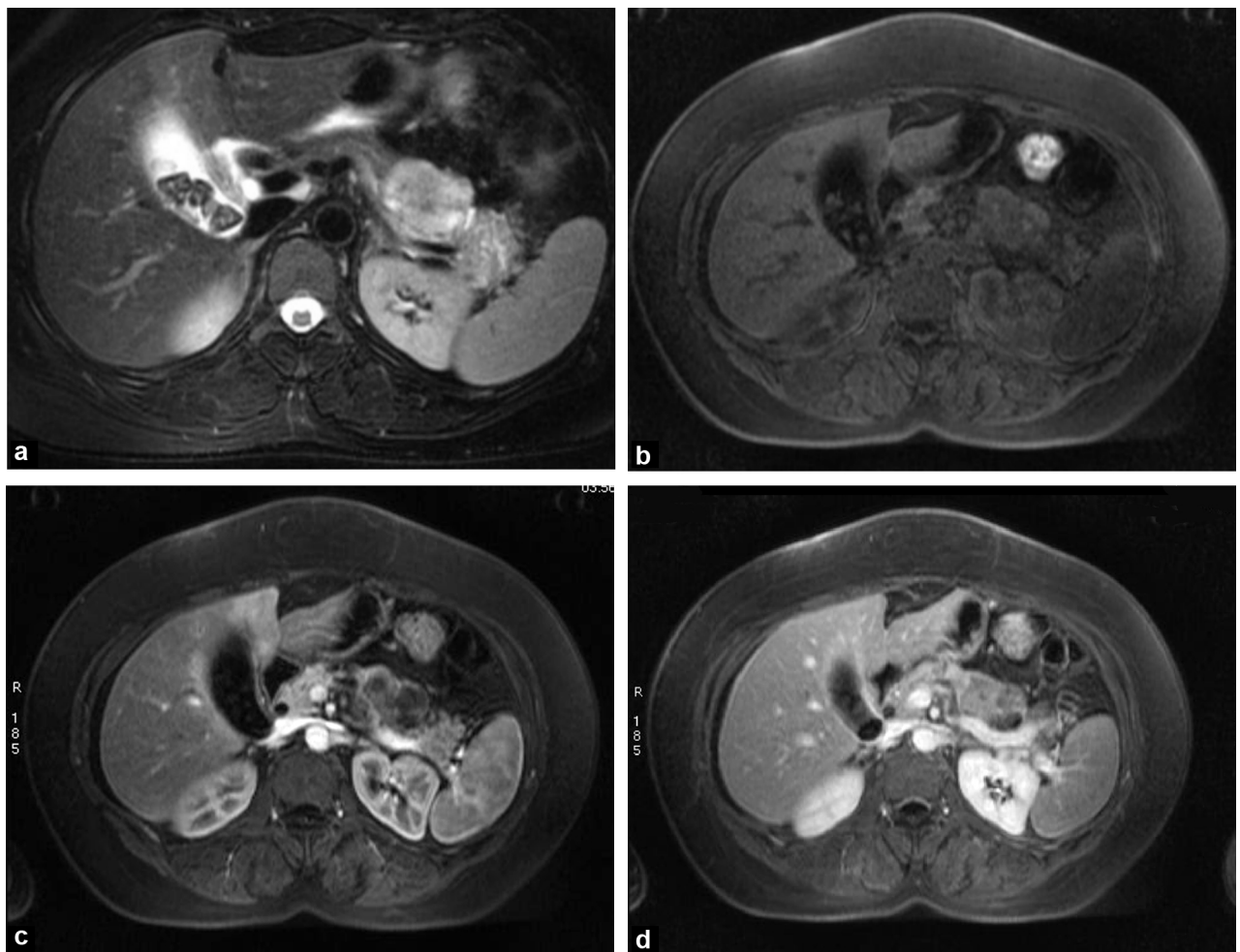


Figure 2. Pancreatic MRI in axial sections: a: sequence T2; b: sequence T1 after fat saturation; c: sequence T1 EG dynamic after injection at arterial time; d: sequence T1 EG dynamic after injection at portal time.

What is your diagnosis?

After reading the case report, what diagnosis would you choose from the following proposals:

- mucinous cystadenoma;
- pancreatoblastoma;
- neuroendocrine pancreatic tumour;

- solid pseudopapillary neoplasm of the pancreas;
- mucinous cystadenocarcinoma.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.